

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118494

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOUTHPOINT SURGICAL CENTER MANAGEMENT GROUP, L.C.

Current Principal Place of Business:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
SUITE 100
JACKSONVILLE, FL 32216

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

New Mailing Address:

7051 SOUTHPOINT PARKWAY
SUITE 100
JACKSONVILLE, FL 32216

FEI Number: 20-3929583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ERNST, NICOLITZ MD
7051 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

ERNST, NICOLITZ MD
7051 SOUTHPOINT PARKWAY
SUITE 100
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NICOLITZ, ERNEST M.D.
Address: 7051 SOUTHPOINT PARKWAY 3RD FL
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERNST NICOLITZ

DR.

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date